

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 55680

BIRTH NO. _____		REG. DIST. NO. 254		PRIMARY REG. DIST. NO. 4386		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Oregon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Oregon			
b. CITY (If outside corporate limits, write RURAL and give township) Thayer				c. CITY (If outside corporate limits, write RURAL and give township) Thayer			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) William		a. (First) J.		b. (Middle) Brewer		c. (Last) _____	
4. DATE OF DEATH		(Month) Jan.		(Day) 9		(Year) 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) Married		8. DATE OF BIRTH Feb. 10, 1883	
9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Months 10		11. IF UNDER 12 HRS. Days 29		12. IF UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming			
11. BIRTHPLACE (State or foreign country) Myrtle, Missouri				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Thomas Brewer		13b. MOTHER'S MAIDEN NAME Sarah Simons		14. NAME OF HUSBAND OR WIFE Minnie Brewer (Goyns)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME George T. Brewer Myrtle, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aortic aneurysm DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from Jan 7, 1950, to Jan 9, 1950, that I last saw the deceased alive on Jan 7, 1950, and that death occurred at 10:50 a.m., from the causes and on the date stated above.							
23a. SIGNATURE C. W. Cooper (Degree or title)				23b. ADDRESS Thayer, Mo.		23c. DATE SIGNED 2-3-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 13, 1950		24c. NAME OF CEMETERY OR CREMATORY Thayer Cemetery		24d. LOCATION (City, town, or county) Thayer, Mo. (State) _____	
DATE REC'D BY LOCAL REG. Feb. 19. 50		REGISTRAR'S SIGNATURE Ella Crass		25. FUNERAL DIRECTOR'S SIGNATURE Carter Funeral Home		ADDRESS Thayer, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

C. W. Cooper

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2/23/50
District Health Officer No. 5,
District File Number 250131
Date Filed 2/24/50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 45-16

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.